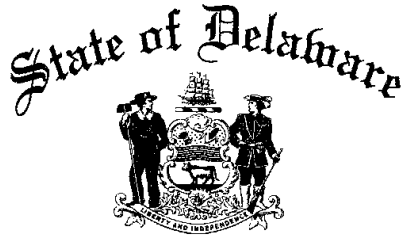


INSURANCE COMMISSIONER



841 SILVER LAKE BLVD.  
DOVER, DELAWARE 19904-2465  
(302) 739-4251  
FACSIMILE (302) 739-5280

## Department of Insurance

### DESIGNATION OF PERSON TO RECEIVE DELAWARE REGULATIONS, BULLETINS, DIRECTIVES AND NOTICE OF REGULATORY PROCEEDINGS

TO: THE INSURANCE COMMISSIONER OF THE STATE OF DELAWARE

---

(NAME OF COMPANY)

hereby designates the following person to receive from the Delaware Department of Insurance  
copies of Regulations, Bulletins, Directives, and Notice of Regulatory Proceedings:

NAME OF DESIGNEE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_ FAX: (     ) \_\_\_\_\_

NAIC #: \_\_\_\_\_ STATE OF INCORPORATION: \_\_\_\_\_

WITNESS my hand and seal of the Company affixed hereto this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

(SEAL) BY: \_\_\_\_\_

TITLE: \_\_\_\_\_